	POLITI	CAL EXPENDITURES			SCHEDULE	F
	The Instruction	ON GUIDE explains how to complete this form.		1 Total page	es Schedule F:	
2	FILER NAM	E Garza		3 ACCOUNT	F # (Ethics Commission filers)	
4	Date 3-22-01	5 Payee name HEB			7 Amount (\$) 129.95	
8	required.)	ment (See instructions regarding type of information lies for rally	9 •• Complete if dir Candidate / Officeholder n		to benefit C/OHD ·· Office sought Office h	
	Date	Payee name				<u>=</u>
	3-23-01	The Ed Garza Campaign	•		Amount (\$)	
	Pumose of pay	Payee address; City; State; Zip Code			7 湯	
	required.)	ment (See instructions regarding type of information	 Complete if dire Candidate / Officeholder na 		to benefit C/OH •• Office sought Office he	4 4
	cash	to pay block walkers			. Onica he	••
	Date 3-23-01	Payee name KINKOS Payee address; City; State; Zip Code 4418 Broadway SA, TX 78209			Amount (\$) 266.99	
	Purpose of payr	ment (See instructions regarding type of information	<u> </u>			
<u> </u>	required.)	s for seniors dance	Complete if dire Candidate / Officeholder na		o benefit C/OH Office sought Office heli	đ
	Date 3-23-01	Payee name HEB Payee address; City; State; Zip Code 4821 Broadway SA, TX 78215			Amount (\$) 97.62	
ı	'equired.)	nent (See instructions regarding type of information	⇔ Complete if direction of the complete in the		D benefit C/OH •• Office held	I
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED					

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 **POLITICAL EXPENDITURES** SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 55 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ed Garza Date 5 Payee name Amount 1,000.00 (\$) The Ed Garza Campaign 3-16-01 6 Payee address; City; State; Zip Code 8 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought cash to pay blockwalkers Date Payee name Amount (\$) 3-17-01 QUICK PRINT 181.18 City; State; Zip Code Payee address; 500 Sixth Street SA, TX 78215 Purpose of payment (See instructions regarding type of information Complete if direct expenditure to benefit C/OH required.) Candidate / Officeholder name Office sought Office held printing Date Payee name **Amount** (\$) 3-17-01 Albertsons 35.26 Payee address; City; State; Zip Code 3233 N. ST. Mary's STreet SA, TX 78212 Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held soda for headquarters Date Payee name Amount (\$) Postmaster 3-19-01 110.00 Payee address; City; State; Zip Code Alamo Heights SA, TX 78209-9998 Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held

stamps

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.	1 Tot	tal pages Schedule F: 55
2 FILER NAM	IE Ed Garza	3 AC	COUNT # (Ethics Commission filers)
4 Date 1/02/01	5 Payee name Jo McCall 6 Payee address; City; State; Zip Code 4111 Tamarak San Antonio, TX 78220		7 Amount (\$) 2,000.00
8 Purpose of parequired.) Campaign Pa	yment (See instructions regarding type of information	9 Complete if direct expe Candidate / Officeholder name	onditure to benefit C/OH Office sought Office held
Date 1-02-01	Payee name Theresa Canales Payee address; City; State; Zip Code 8314 Dawnwood Dr. SA, TX 78250		*Amount (\$) 2,800.00 ©
Purpose of pa required.) Campaign Pa	yment (See instructions regarding type of information	•• Complete if direct expe Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held
Date 1-02-01	Payee name Harold Orozco, 3D Screen Printing Payee address; City; State; Zip Code PO Box 512 Somerset, TX 78069		Amount (\$) 2,500.00
Purpose of par required.) Yard Signs	yment (See instructions regarding type of information	Complete if direct experience Candidate / Officeholder name	nditure to benefit C/OH •• Office sought Office held
Date 1-02-01	Payee name . Employees Print		Amount (\$) 431.00
required.)	yment (See instructions regarding type of information or yard signs	•• Complete if direct exper Candidate / Officeholder name	nditure to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED)

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total page	es Schedule F:
2 FILER NAM			3 ACCOUN	T # (Ethics Commission filers)
	Cd Garza			
4 Date	5 Payee name			7 Amount
1-03-01	Paul Javior			(\$) 150.00
	6 Payee address; City; State; Zip Code			9 01
	13120 Hwy 87 Atkins, TX 78101			\$ 00 m
8 Purpose of pay	yment (See instructions regarding type of information	9 Complete if dire		\
required.)		Candidate / Officeholder na	ect expenditure	e to benefit C/OH ••
Campaign Bu	Canadato, Cincerioldel 112	arrie	Office sought Office held	
F		İ		
		•		
Date	Payee name			
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Amount (\$)
1-03-01	. Postmaster			66.00
	Payee address; City; State; Zip Code			1
	N. Broadway St. SA, TX 78217			
Purpose of payment (See instructions regarding type of information Complete if direct expenditure to be affil O/OH				
required.)	The first details regarding type of information	 Complete if dire Candidate / Officeholder na 	ect expenditure ime	to benefit C/OH Office sought Office held
stamps for i	flyers			
Date	Payee name			Amount
1-03-01	Postmaster Payee address; City; State; Zip Code			(\$) 165.00
	N. Broadway St. SA, TX 78217			203100
Purpose of payr required.)	ment (See instructions regarding type of information	·· Complete if direction of the complete in the		to benefit C/OH •• Office sought Office held
stamps for f	lyers			
Date	Payee name			Amount
1-04-01	Clarissa Rodriguez			(\$)
1 04 01	· · · · · · · · · · · · · · · · · · ·		İ	43.99
	Payee address; City; State; Zip Code		1	
	143 E.Summit SA, TX 78212			
Ì			1	
ļ				
Purpose of payri required.)	nent (See instructions regarding type of information	·· Complete if direc	t expenditure t	o benefit C/OH ••
,		Candidate / Officeholder nam		Office sought Office held
reimbursemen	t for office supplies			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED	
		J. THIS I SKIM AS NEE		

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruc	TION GUIDE explains how to complete this form.	1 Total p	ages Schedule F:
2 FILER NAI	ME	3 4000	55 UNT # (Ethics Commission filers)
	Ed Garza	3 ACCO	ON 1 # (Etnics Commission filers)
4 Date	5 Payee name		7 Amount
1-04-01	Trish DeBerry		(\$)
İ	6 Payee address; City; State; Zip Code		252.00
	13511 Bay Orchard SA, TX 78231		
8 Purpose of prequired.)	ayment (See instructions regarding type of information	9 •• Complete if direct expendit Candidate / Officeholder name	ture to benefit C/OH Office held
Reiml	bursement for stamps		
Date	Payee name		Amount
	SWBT		(\$)
1-04-01	Payee address; City; State; Zip Code PO BOX 4699 Houston TX 77097-0075	• • • • • • • • • • • • • • • • • • •	286.46
Purpose of pa	ayment (See instructions regarding type of information	Complete if direct expenditu	ure to benefit C/OH
required.) Phone bill		Candidate / Officeholder name	Office sought Office held
Date	Payee name		Amount
1-04-01	Plaza Club		(\$)
	21st Floor Frost Bank Tower SA, TX 78		
Purpose of pa required.)	lyment (See instructions regarding type of information	•• Complete if direct expenditu Candidate / Officeholder name	ure to benefit C/OH Office sought Office held
Lunch meeti	ngs		
Date	Payee name	L	Amount
1-04-01	Parrish Ticer Design Payee address; City; State; Zip Code		(\$)
	125 Blue Star #9 SA, TX 78204		
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	re to benefit C/OH Office sought Office held
invitations	for fundraiser		
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

POLITI	CAL EXPENDITURES			SCHEDU	JLE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total page	es Schedule F:	
2 FILER NAMI	_		3 ACCOUNT	Γ# (Ethics Commission fil	lers)
E	d Garza				
4 Date	5 Payee name			7 Amou	nt
1-05-01	Aldrete Communications			3,814.00	
	6 Payee address; City; State; Zip Code 2400 S. 4th ST. Austin, TX 78704			01	AHO
8 Purpose of pay	ment (See instructions regarding type of information	9 Complete if dire	evennditues	' 	529-
required.)	· • • • • • • • • • • • • • • • • • • •	Candidate / Officeholder na		to benefit C/OHF	Office held
Payroll and reimbursements for expenses				Conce sought	
Date	Payee name			Argour	*
1-05-01	Anita M. Creus Payee address: City; State; Zip Code 11711 Wallstreet #8307 SA, TX 78230			491.94	1. 1 1. 1 1. 2 1. 2
required.) reimbursemen	ment (See instructions regarding type of information t for expenses	Complete if dire Candidate / Officeholder nai		to benefit C/OH ·· Office sought	Office held
Date	Payee name			Amoun	it
1-8-01	Shirt Master Payee address; City; State; Zip Code			1,650.00	
	1921 Fredricksburg SA, TX 78201				
Purpose of payr required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder nar		to benefit C/OH ·· Office sought	Office held
t-shirts					
Date	Payee name Festivities			Amount (\$)	t
1-7-01	Payee address; City; State; Zip Code 2267 NW Military Hwy St. 107 SA, TX 78	3213		275.00	į
Purpose of payn required.)	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nan		to benefit C/OH Office sought	Office held
balloons for	announcement				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED		

POLITIO	CAL EXPENDITURES			SCHED	ULE F
The Instruction	ом Guide explains how to complete this form.	1	1 Total pages	s Schedule F: 55	
2 FILER NAME		3	3 ACCOUNT	# (Ethics Commission	filers)
	d Garza				·
4 Date	5 Payee name			7 Amou	
1-5-01	Office Max			82.36	i
	6 Payee address; City; State; Zip Code				
	255 E. Basse Ste 1510 SA, TX 78209			0	C117
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if direct			99a
, ,		Candidate / Officeholder nan		Office sought	Office held
office suppl	lies			©	
				7 ma• 11 mg	
Date	Payee name			Amou	
				ີ (\$) ⊆າ	
1 - 5-01	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		249.18	Ċ.
ļ	4418 Broadway SA, TX 78209		1		
	ment (See instructions regarding type of information	Complete if direc	t expenditure	to benefit C/OH ••	
required.)	1	Candidate / Officeholder nam		Office sought	Office held
flyers for a	innouncement				
Date	Payee name			Amou	nt
1-5-01	A.V. Source			(\$)	
	Payee address; City; State; Zip Code			161.81	
	P.O. Box 79132 SA, TX 78279				
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder nam	*	to benefit C/OH	Office held
public annou	uncement equipment				
Date	Payee name			Amour (\$)	nt
1-5-01	Bruce Maniscalco Payee address; City: State; Zip Code 103 Woodberry Lane Boerne, TX 78015	• • • • • • • • • • • • • • • • • • • •		429.89	
Purpose of payring required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name		o benefit C/OH •• Office sought	Office held
video of can	didate				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED		

POLITI	ICAL EXPENDITURES			SCHE	DULE F
The Instruction	ION GUIDE explains how to complete this form.		1 Total page	es Schedule F:	
2 FILER NAM	16		3 ACCOUN	T# (Ethics Commission	on filers)
F	Ed Garza			, to tax	ni moraj
4 Date	5 Payee name		\ <u></u>	7 Am	ount
1-8-01	Paul Javior				\$)
	6 Payee address; City; State; Zip Code			•	
	13120 Hwy 87 Atkins, TX 78101				
8 Purpose of parrequired.)	yment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder na	ect expenditure	e to benefit C/OHC	Office held
campaign bu	uttons			स् स	3 <u>9</u> 89
Date	Payee name			Arno	ount
1-8-01	Election Support Services			(4	5)
	Payee address; City; State; Zip Code			51.00	, 5 - H., F
	4958 Military Dr. West SA, TX 78242				n o
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		e to benefit C/OH Office sought	Office held
Date	Payee name	<u></u>		Amo	unt
	Postmaster			(\$	
1-10-01	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		37.95	
	N. Broadway St. SA, TX 78217				
Purpose of pay- required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		to benefit C/OH	Office held
stamps and	mailouts			·	
Date	Payee name			Amou	
1-10-01	Aaron REnts			102.80 (\$)	
	Payee address; City; State; Zip Code				
	11500 IH 10 West Bldg 2 SA, TX 78230				
Purpose of payr required.)	ment (See instructions regarding type of information	 Complete if direct Candidate / Officeholder nar 		to benefit C/OH ··	Office held
refrigerato	r for campaign office				
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

P	OLITI	CAL EXPENDITURES		<u> </u>	SCHE	EDULE F
	<u> </u>	ON GUIDE explains how to complete this form.		1 Total page	es Schedule F:	
2 FIL	LER NAME	E		3 ACCOUNT	Γ# (Ethics Commis	sion filers)
<u> </u>		d Garza				
4	Date	5 Payee name			7 A	mount (\$)
1-1	10-01	Aaron Rents			83.36	(\$)
		6 Payee address; City; State; Zip Code				
		11500 IH 10 W Bldg 2 SA, TX 78230				# 988 588
req	įuired.)	/ment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n		to benefit C/OH Office sought	Office held
fur	rniture r	rental for campaign office				in G
С	Date	Payee name			Aı	mount
1-1	10-01	Office Max Payee address; City; State; Zip Code			462.55	(\$)
		255 E. Basse Ste 1510 SA, TX				
Puŋ requ	pose of payr uired.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought	Office held
pho	ones and	files - campaign office supplies				
D	Date	Payee name			An	nount
		Albertsons			35.60	(\$)
1-1	12-01	Payee address; City; State; Zip Code				
		3233 N. ST. Mary's SA, TX 78212				
requ	uired.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought	•• Office held
Sou	las for c	ampaign headquarters				
D	ate	Payee name			An	nount
1-1	15-01	Harold Orozco, 3D Printing		[(\$)
	ľ	Payee address; City: State: Zip Code PO Box 512, Somerset, TX 78069			1,500.00	
Purp requi	oose of paym	nent (See instructions regarding type of information	← Complete if direction			
yar	d signs		Candidate / Officenoider hai	me u	Office sought	Office held
					·	

POLIT	ICAL EXPENDITURES		SCHEDUL	εF
The Instructi	юм Guide explains how to complete this form.	1	1 Total pages Schedule F:	
2 FILER NAM	1E	3	55 3 ACCOUNT # (Ethics Commission filers)	
I	Ed Garza	[
4 Date	5 Payee name		7 Amount	···
1-15-01	Debra Spence		544.00 (\$)	
	6 Payee address: City: State: Zip Code 418 Morningvie SA Tx 78220	•		
8 Purpose of pa required.)	ryment (See instructions regarding type of information	9 •• Complete if direct	ct expenditure to benefit C/OH ne Office sought Of	ffice held
campaign p	payroll		0	A LHO
Date	Payee name		Amount	
1-15-01	Connie Sonnen Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	100.00	
	336 Kendalia, SA, TX 78214		-1 1 -2 2 -2 2	
Purpose of pay	yment (See instructions regarding type of information	· Complete if direct	t expenditure to benefit C/OH	127
required.)		Candidate / Officeholder name		fice held
campaign p	ayroll		•	
Date	Payee name		Amount	
1-16-01	Paul Javior		(\$)	
	* · · · · · · · · · · · · · · · · · · ·		625.00	
	Payee address; City; State; Zip Code 13120 HW 87 E. Adkins, TX 78101			
Purpose of pay required.)	rment (See instructions regarding type of information	•• Complete if direct (Candidate / Officeholder name	expenditure to benefit C/OH •• e Office sought Office	ce held
campaign b	uttons			
Date	Payee name		Amount	
1-16-01	Josh Copeland Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	25.85	
·	11910 Orsinger Lane #1108 SA, TX 78	230		
Purpose of pays required.)	ment (See instructions regarding type of information	Complete if direct e Candidate / Officeholder name	expenditure to benefit C/OH •• Office sought Office	ce held
reimburseme	ent for office supplies		,	_
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	DED	

POLIT	ICAL EXPENDITURES	SCHEDULE F
The Instruct	אסוי Guide explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAM	ME .	3 ACCOUNT # (Ethics Commission filers)
	Ed Garza	
4 Date	5 Payee name	7 Amount
1-16-01	Office Max	(\$)
	6 Payee address; City; State; Zip Code	
	255 E. Basse Ste 1510 SA, TX 78209	
8 Purpose of parequired.)	ayment (See instructions regarding type of information	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
office sup	plies	
Date	Payee name	Amount
1-16-01	Global Strategy Group, Inc.	11,551 56 (\$)
	Payee address; City; State; Zip Code 611 Broadway Ste. 206 NY, NY 10012	PR - 9 / 73
Purpose of pa required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH
survey res	earch	Candidate / Officeholder name Office sought
Date	Payee name	Amount
1-17-01	Eastside Magazine	500.00 (\$)
	Payee address; City; State; Zip Code	
	1850 Montana SA, TX 78203	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH
advertiseme	ent	Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
1-17-01	San Antonio Observer	437.50
	Payee address; City; State; Zip Code PO Box 20226 SA, TX 78220	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH
advertiseme	ent	Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	TION GUIDE explains how to complete this form.	1 Total pa	ges Schedule F:
2 FILER NAM	ΛE	3 ACCOU	NT # (Ethics Commission filers)
]	Ed Garza	, noss.	N I # (Cusics Commission mers)
4 Date	5 Payee name		7 Amount
1-17-01	Blond Lighting		84.71 (\$)
	6 Payee address; City: State: Zip Code 620 E. Dewey PO Box 12766 SA TX 7821		
8 Purpose of pa required.)	ayment (See instructions regarding type of information	9 Complete if direct expenditu Candidate / Officeholder name	ure to benefit C/OH •• Office sought Office held
lights for	campaign office		
Date	Payee name		Angount
1-17-01	Company do Amenia		(\$)
T-1/-0T	Camapanas de America		. 600.00
	Payee address; City; State; Zip Code		1 7 五週
	1422 Buena Vista SA, TX 78207	•	
			-
Purpose of pa	lyment (See instructions regarding type of information		
required.)	, , , , , , , , , , , , , , , , , , , ,	 Complete if direct expenditue Candidate / Officeholder name 	re to benefit C/OH 🚣 Office sought 🔠 Office peld
music for a	announcement		ω :-
Date	Payee name		Amount
	Munaia Duintana		(\$)
1-17-01	Mungia Printers Payee address; City; State; Zip Code		51.78
	,, ====		
	2201 Buena Vista SA, TX 78207		
Purpose of pay	yment (See instructions regarding type of information	Complete if direct expenditur	to honefit C/OH
required.)		Candidate / Officeholder name	Office sought Office held
business ca	rds		
Date	Payee name		Amount
1-17-01	Parrish Ticer Design		1,232.50
	Payee address; City; State; Zip Code		
	125 Blue Star #9 SA, TX 78204		
Purpose of pay required.)	rment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH Office sought Office held
logo, t-shi	rts, letterhead		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	אסו Guide explains how to complete this form.	1 Total pages	
2 FILER NAM	ΛE	3 ACCOUNT	# (Ethics Commission filers)
	Ed Garza		" (Cuitos continuación mais)
4 Date	5 Payee name		7 Amount
1-19-01	Theresa Canales		(\$) 234.17
	6 Payee address; City; State; Zip Code		
	512 E. Quinal #4 SA, TX 78215		
8 Purpose of parequired.)	ayment (See instructions regarding type of information	9 •• Complete if direct expenditure to Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
reimbursem	ent for expenses		0 (11
Date	Payee name	T	Amount
1-20-01	Clarissa Rodrig uez		20.37 = (\$)
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	. - 332
	143 E. Summit SA, TX 78212		
Purpose of pa required.)	yment (See instructions regarding type of information	Complete if direct expenditure to	n benefit CVIDH ••
required.)			ffice sought Office held
reimbursem	ent for expenses		
Date	Payee name		Amount
1-20-01	The Home Depot		(\$)
	Payee address; City; State; Zip Code		258.64
	435 Sunset Road West SA, TX 78209		
Purpose of pay required.)	ment (See instructions regarding type of information	 Complete if direct expenditure to Candidate / Officeholder name 	benefit C/OH •• fice sought Office held
stakes for	campaign signs		
Date	Payee name		Amount
1-22-01	Office Max		52.83 (\$)
	Payee address; City: State: Zip Code 255 E. Basse Ste 1510 SA, TX 78209		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to Candidate / Officeholder name Off	benefit C/OH •• ice sought Office held
office supp	lies		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

POLI	TIC	AL	EX	PE	ND	ITI	IR	FS
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SCHEDULE	_

The Instr	RUCTION GUIDE explains how to complete this form.		1 Total pages Schedule F 55	:
2 FILER	AME		3 ACCOUNT # (Ethics Con	nmission filers)
	Ed Garza			
4 Date	5 Payee name		7	Amount
1-22-01	Mungia Printers		1,021.	(m)
	6 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	• • • • • •	
ı	2201 Buena Vista St. SA, TX 78207	,		
l	2202 2000 12000 201, 211, 1200			
8 Purpose of required.)	of payment (See instructions regarding type of information	9 Complete if dire	ect expenditure to benefit C/	
		Candidate / Officeholder na	arne Office sought	Office held
bumper s	stickers			<u>-</u> ₹
				<u> </u>
Date	Payee name			Amount-<
1-22-01	Security One, Inc.		38.65	(\$)
	Payee address; City; State; Zip Code			E win
	PO Box 23280 SA, TX 78223		1	
	10 DOR 20200 DA, 1A 10225			Оп : : : : : : : : : : : : : : : : : : :
				99
Purpose o	of payment (See instructions regarding type of information			
required.)	, pay (acc		ect expenditure to benefit C/(ame Office sought	OH Office held
				Gillor Hall
office s	security			
Date	Payee name			
1-22-01			· ·	Amount (\$)
1 22 01	Mike Jones		440.00	(4)
	Payee address; City; State; Zip Code 12230 Stoney Spur SA, TX 78247			
Pumose of	payment (See instructions regarding type of information			
required.)	payment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	ct expenditure to benefit C/C	
	1	Candidate / Cinicalidida Hai	me Office sought	Office held
video of	announcement			
Date	2			
1-22-01	Payee name Josh Copeland			Amount (\$)
			44.48	(\$)
	Payee address; City; State; Zip Code			
	11910 Orsinger Lane 1108 SA, TX 7823	0		
	1			
Purpose of	payment (See instructions regarding type of information			
required.)	payment (See instructions regarding type of information	 Complete if direc Candidate / Officeholder nam 	ct expenditure to benefit C/O	
·	_	Candidate / Cincondida no	ne Office sought	Office held
reimburs	ement for expenses			
				<u> </u>
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED	
 				

POLIT	ICAL EXPENDITURES		SCHE	EDULE F
The Instructi	ION GUIDE explains how to complete this form.		1 Total pages Schedule F: 55	
2 FILER NAM			3 ACCOUNT # (Ethics Commis	sion filers)
	Ed Garza			
4 Date	5 Payee name		7 A	mount
1-22-01	Harold Orozco 3D Screen Printing 6 Payee address; City, State; Zip Code PO Box 512 Somerset, TX 78069		3,000.0	(\$)
8 Purpose of pa required.) yard signs	syment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ame Office sought	Office held
, , ,			=_ 2:	-
Date	Payee name		Ār	Hount 7
1-22-01	Employees Printing Payee address; City; State; Zip Code 1926 Fredricksburg, SA, TX 78201		560.00	
Purpose of pay	yment (See instructions regarding type of information			
required.)	monte design and design and the original and the second se	Complete if direct Candidate / Officeholder nar	ct expenditure to benefit C/OH	
union bug	for signs		me Office sought	Office held
Date	Payee name		Arr	nount
1-23-01	Postmaster City; State; Zip Code		l l	(\$)
D	N. Broadway St. SA, TX 78217			
required.) stamps	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nam	ct expenditure to benefit C/OH ne Office sought	Office held
Date	Payee name		Am	ount
1-24-01	Payee address; City; State; Zip Code 315 Santa Rosa Ave. SA, TX 78205	• • • • • • • • • • • • • • • • • • • •		\$)
Purpose of payr required.) office supp	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder nam	t expenditure to benefit C/OH - ne Office sought	• Office held
···	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	:DED	

POLITI	ICAL EXPENDITURES			SCHEDULE F
The Instructi	เอพ Guide explains how to complete this form.		1 Total pages Sc	
2 FILER NAM	1E			Ethics Commission filers)
F	Ed Garza			,
4 Date	5 Payee name		7	Amount
1-25-01	Sprint PCS			(\$) 100.00
	6 Payee address; City; State; Zip Code P.O. Box 219718 Kansas City, MO 64121			
8 Purpose of pay required.)	syment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na	ect expenditure to b	enefit C/OH •• e sought Office held
cell phone	for campaign			01
Date	Payee name			Amount
1-26-01	Parrish Ticer Design		73	12.50
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	• • • • • •	
	125 Blue Star #9 SA, TX 78204			
				<u> </u>
Purpose of pay	yment (See instructions regarding type of information			
required.)	the state of the s	 Complete if dire Candidate / Officeholder na 	ect expenditure to be ime Office	enefit C/OH •• Office held
website		! 		.
Date	Payee name			Amount
1-26-01	Time Warner Cable Payee address; City; State; Zip Code		1	(\$) 51.33
	PO Box 460849			
Purpose of payi required.)	rment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nar	ct expenditure to be	nefit C/OH sought Office held
road runner	service			
Date	Payee name			Amount
1-26-01	CPS			(\$) 184.15
	Payee address; City; State; Zip Code			
	PO Box 2678 SA, TX 78289-0001			
	İ			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direc	at expenditure to ber	
campaign util	lities			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED	

POLIT	TCAL EXPENDITURES	SCHEDULE F
The INSTRUCT	TION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAM		3 ACCOUNT # (Ethios Compilation flux)
	Ed Garza	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7 Amount
1-26-01	SPRINT PCS	7 Amount (\$)
	6 Payee address; City; State; Zip Code	157.32
	PO Box 219718 Kansas City, MO 64121	
8 Purpose of pa required.)	ayment (See instructions regarding type of information	9 Complete if direct expenditure to benefit C/OH Candidate / Office hold
cell phone	for campaign or officeholder	Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
1-26-01	McLean-Clark	639.50 (\$) < 2 C
	Payee address: City; State; Zip Code 517 Second St. NE Washington, DC 2000	
		69
Purpose of pay required.)	ryment (See instructions regarding type of information	·· Complete if direct expenditure to benefit C/OH ··
travel expe	enses fee	Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
1-26-01	SWBT Payee address; City; State; Zip Code	1517.85 (\$)
	PO Box 4706 Houston, TX 77210	
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
campaign ph	ones	
Date	Payee name	Amount
1-26-01	Plaza Club Payee address; City; State; Zip Code 21st Floor Frost Bank Tower SA, TX	160.12 (\$)
Purpose of payr required.) lunch meeti	ment (See instructions regarding type of information lngs	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F: 55
2 FILER NAM	E		3 ACCOUNT # (Ethics Commission filers)
Е	d Garza		
4 Date	5 Payee name	· · · · · · · · · · · · · · · · · · ·	7 Amount
1-26-01	Cingular Wireless		(\$) 626.02
	6 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·	
	PO Box 4460 Houston, TX 77097		
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if dire	ct expenditure to benefit C/OH ··
	0	Candidate / Officeholder na	me Office sought Office held
cell phone	expenses		
Date	Payee name		
			Almount (C) (S)
1-26-01	Ideas Unlimited		598.00
	Payee address; City; State; Zip Code		
	5213 Bandera Rd. SA, TX 78238	,	9 44
			59
Purpose of pay	ment (See instructions regarding type of information	Complete if dis-	<u> </u>
required.)	, , , , , , , , , , , , , , , , , , , ,	 Complete if direction Candidate / Officeholder nar 	ct expenditure to benefit C/OH The Office sought Office held
yard signs			•
Date	Payee name		Amount
1-26-01	San Antonio Register		500.00 (\$)
	Payee address: City; State; Zip Code PO Box 1598 SA, TX 78296		
Purpose of payr required.) advertisemen	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nam	t expenditure to benefit C/OH Office sought Office held
Date	Payee name		
1-26-01	Message, audience, and presentation		Amount 1,000.00 (\$)
ŀ	Payee address; City; State; Zip Code		
Í	2400 S. 4th St. Austin, TX 78704		
	2.00 of ven off Adstri, 1x 70704		
Purpose of paym required.)	nent (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	e Office sought Office held
Push cards			
-	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED

POLIT	ICAL EXPENDITURES	SCHEDULE F
The Instruct	ION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAN	/IE	3 ACCOUNT # (Ethics Commission filers)
:	Ed Garza	(
4 Date	5 Payee name	7 Amount
1-26-01	Trish DEBerry	(\$)
	6 Payee address; City; State; Zip Code 13511 Bay Orchard SA, TX 78231	85.66
8 Purpose of pa required.)	syment (See instructions regarding type of information	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
reimburseme	ent for expenses	017
Date	Payee name	Amount =
1-26-01	Josh Copeland	26.96
	Payee address; City; State; Zip Code	
	11910 Orsinger Lane SA, TX 78230	
Purpose of pay	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH
,	ent for expenses	Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
1-26-01	Theresa Canales	5.89 (\$)
	Payee address; City; State; Zip Code 512 E. Quincy #4 SA, TX 78215	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
reimburseme	ent for expenses	
Date	Payee name	Amount
1-26-01	Anita M. Creus	76.81 (\$)
	Payee address; City; State; Zip Code	
	11711 Wallstreet #8307 SA, TX 78230	
Purpose of payi required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Office held
reimburseme	nt for expenses	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLIT	ICAL EXPENDITURES	SCHEDULE F
The Instructi	เอพ Guipe explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAM	ΛE	3 ACCOUNT # (Ethics Commission filers)
F	Ed Garza	3 ACCOUNT # (Eurica Continuasion mera)
4 Date	5 Payee name	7 Amount
1-26-01	T-shirt Master	2,590.00 ^(\$)
	6 Payee address; City; State; Zip Code	
	1921 Fredricksburg SA, TX 78201	
8 Purpose of pa required.)	ayment (See instructions regarding type of information	9 Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
t-shirts fo	or campaign	01
Date	Payee name	Amount()()
1-27-01	Philip Cortez	300.00
	Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·
	351 McNarney SA, TX 78211	
Purpose of pay	yment (See instructions regarding type of information	<u> </u>
required.) salary	ment (see instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Рауее пате	Amount
1-30-01	Henry Farias	(\$)
	Payee address; City; State; Zip Code	550.00
	131 S. San Salvador SA, TX 78210	
Purpose of pay	ment (See instructions regarding type of information	
requirea.)		Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
payment for	r putting up signs	
Date	Payee name	Amount
1-31-01	Debra Spence	240.00 (\$)
	Payee address; City; State; Zip Code	
	418 Morning View SA, TX 78220	
Purpose of payr	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH
required.) blockwalkinį		Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLIT	TICAL EXPENDITURES	SCHEDULE F
The Instruc	TION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAM	ME	3 ACCOUNT # (Ethics Compliance 6)
	Ed Garza	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	7
1-31-01	Harold Orozco 3D Printing	7 Amount 3,000.00 ^(\$)
	6 Payee address; City; State; Zip Code PO Box 512 Somerset, TX 78069	
8 Purpose of parequired.)	payment (See instructions regarding type of information	9 Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office held
yard signs	S	Office sought Office held
Date	Payee name	Amount
1-31-01	Josh Copeland	3,000.00
ı	Payee address; City; State; Zip Code	
	11910 Orsinger Lane #1108 SA, TX 782	230 0.59
Purpose of pa required.)	ayment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH
salary		Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
1-31-01	Theresa Canales	2,800.00
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •
	512 E. Quincy #4 SA, TX 78215	
Purpose of par required.) salary	lyment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
1-31-01	Anne Whittington	3,000.00 (\$)
	Payee address; City; State; Zip Code	
	8715 Starcrest #3 SA, TX 78216	
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name
salary		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLIT	TCAL EXPENDITURES	SCHEDULE F
The Instruct	TION GUIDE explains how to complete this form.	1 Total pages Schedule F:
2 FILER NAM	ME	3 ACCOUNT # (Ethics Commission filers)
	Ed Garza	,
4 Date	5 Payee name	7 Amount
1-31-01	McLean Clark	(\$) 6,750,00
	6 Payee address; City; State; Zip Code	
	517 Second St. NE Washington, DC 200	002
8 Purpose of pa	ayment (See instructions regarding type of information	9 ·· Complete if direct expenditure to benefit C/OH ··
consulting	fee	Candidate / Officeholder name Office sought Office held
Date	Payee name	
2-1-01	Jo McCall	Arpount (%) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Purpose of pa required.) salary	ayment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
2-1-01	Trish DeBerry	(\$)
	Payee address; City; State; Zip Code	3,500.00
	13511 BAy Orchard SA, TX 78231	
Purpose of pay required.) salary	syment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date		
Date	Payee name	Amount (\$)
2-1-01	Revin Lopez Payee address; City; State; Zip Code	3,500.00
	602 E. Locust SA, TX 78212	
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
salary		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLIT	TICAL EXPENDITURES		SCHEDULE F
The Instruc	TION GUIDE explains how to complete this form.		1 Total pages Schedule F:
2 FILER NA	ME Ed Garza		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7
2-1-01	Anita M. Creus 6 Payee address; City; State; Zip Code 11711 Wallstreet #8302 SA, TX 78230		7 Amount 3,100.00 (\$)
8 Purpose of p required.) salary	ayment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder na	ect expenditure to benefit C/OH ·· arne Office sought Office held
Date	Payee name		
2-1-01	Mungia Printers Payee address: City: State; Zip Code 2201 Buena Vista St SA, TX 78207	· · • • • • • • • • • • • • • • • • • •	1,377.04 (\$)
Purpose of parequired.) push cards	ayment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	oct expenditure to benefit C/OH me Office sought Office held
Date 2-2-01	Payee name Edge of Light Photography Payee address; City; State; Zip Code 816 Cameron Ste. 200 SA, TX 78212		Amount (\$)
Purpose of parequired.) photos of ca	yment (See instructions regarding type of information and idate	•• Complete if direc Candidate / Officeholder nar	ct expenditure to benefit C/OH ne Office sought Office held
Date 2-2-01	Payee name Office Max Payee address; City: State: Zip Code 255 E. Basse Ste. 1510 SA, TX 78209		Amount 333.27 (\$)
Purpose of pay required.) office suppl		Candidate / Officeholder nam	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED

POLITI	ICAL EXPENDITURES	S	CHEDULE F
The Instructi	ION GUIDE explains how to complete this form.	1 Total pages Schedule	9 F:
2 FILER NAM	ΛΕ	3 ACCOUNT # (Ethics C	-
Ec	d Garza	S ACCOUNT # (EUMG)	commission filers)
4 Date	5 Payee name	7	Amount
2-2-01	6 Payee address: City: State: Zip Code 3355 Bee Caves Road STe 715 Austin, T		(\$)
8 Purpose of par required.)	syment (See instructions regarding type of information	9 Complete if direct expenditure to benefit	
opposition r	esearch	Candidate / Officeholder name Office sough	
Date	Payee name		Amount
2-2-01	Ideas unlimited Payee address: City: State: Zip Code 5213 Bandera Rd. SA, TX 78238	598.02	(\$)
Purpose of pay required.) yard signs	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C Candidate / Officeholder name Office sought	
Date	Payee name		Amount
2-2-01	Postmaster Payee address; City; State; Zip Code N. Broadway St. SA, TX 78217-9998	340.00	(\$)
requirea.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C. Candidate / Officeholder name Office sought	C/OH ··· Office held
stamps		-	
Date 2-2-01	Payee name Postmaster		Amount (\$)
	Payee address; City; State; Zip Code N. Broadway St. Sa, TX 78217-9998	340.00	
Purpose of paymequired.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C// Candidate / Officeholder name Office sought	OH Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED	

POLIT	ICAL EXPENDITURES			SCHEDULE F
The Instructi	เอพ Guipe explains how to complete this form.		1 Total pages	
2 FILER NAM	ME d Garza			# (Ethics Commission filers)
4 Date	5 Payee name			
2-4-01	Kevin Lopez			7 Amount (\$)
	6 Payee address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
8 Purpose of par required.)	yment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought Office held
salary	·			01
Date	Payee name			Annount
2-5-01	EZ Drive STakes Payee address; City; State; Zip Code 906 Ruiz St. SA, TX 78207	· · · · · · · · · · · · · · · · · · ·		480.04 J 755
	700 Nd12 St. SA, 1X 78207			
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dired		D benefit C/OH
stakes for s	eigns			
Date	Payee name			Amount
2-5-01	Debra Spence			486.00 (\$)
	Payee address; City; State; Zip Code 418 Morning View SA, TX 78220			
Pumose of paya	mont (See jest ati			
required.) blockwalking	ment (See instructions regarding type of information	⊶ Complete if direc Candidate / Officeholder nam		benefit C/OH ice sought Office held
Date 2-5-01	Payee name Dora Ramos			Amount (\$)
	Payee address; City; State; Zip Code 259 E. Thompson P1. SA, TX 78225	••••••		480.00
Purpose of paym required.) blockwalking	nent (See instructions regarding type of information	 Complete if direct Candidate / Officeholder name 		penefit C/OH •• ce sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instruct	пом Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAM	ME Ed Garza		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-5-01	5 Payee name Lucys Cake Shop 6 Payee address; City; State; Zip Code 2030 SW Loop 410 SA, TX 78227		7 Amount (\$)
8 Purpose of parequired.)	ayment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ame Office sought Office held
cake for an	nouncement		and Charles solveges. Carloss (1900)
Date	Payee name	<u> </u>	· Amount
2-6-01	Janie Dilley		Amount (5)
	Payee address; City; State; Zip Code		250.00
	,, ====, <u>=</u> p ===		7 Share
	8525 Floyd Curl Dr. Apt 2109		9 100
Purpose of par	ryment (See instructions regarding type of information	Complete if dire	ct expenditure to benefit C/OH
required.) salary		Candidate / Officeholder na	me Office sought Office held
Date	Payee name		Amount
2-6-01	PO Box 150309 Austin, TX 78715		(\$)
Purpose of pay	yment (See instructions regarding type of information	- Camplota if disa	
required.)	·	Candidate / Officeholder nam	ct expenditure to benefit C/OH ne Office sought Office held
cell phone c	ampaign staff		
Date	Рауее пате		Amount
2-6-01	Security One, Inc.		26.97
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	20.37
	PO Box 23280 SA, TX 78223		
Purpose of paying required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder nam	t expenditure to benefit C/OH le Office sought Office held
campaign head	dquarter security		•
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	:DED

POLIT	ICAL EXPENDITURES		SCHEDULE F
The Instructi	ом Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAM	IE I Garza		3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		
2-6-01	Crumrine Printers		7 Amount (\$) 362.71
	6 Payee address; City; State; Zip Code 2030 E. Houston St. SA, TX 78202	• • • • • • • • • • • • • • • • • • •	
8 Purpose of pa required.)	yment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held
flyers			
Date	Payee name		Amount
2-6-01	Crumrine Printers Payee address; City; State; Zip Code 2030 E. Houston ST. SA, TX 78202	· • • • • • • • • • • • • • • • • • • •	925.11 0 0
required.)	ment (See instructions regarding type of information	·· Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ume Office sought Office held
flyers			59
Date	Payee name		Amount
2-6-01	Federal Express		115.68 (\$)
	Payee address: City; State; Zip Code PO Box 1140 Memphis, TN 38101-1140		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name	ct expenditure to benefit C/OH me Office sought Office held
overnight ma	il		
Date 2-6-01	Payee name Josh Copeland		Amount 25.43 (\$)
	Payee address; City; State; Zip Code 11910 Orsinger Lane #1108 SA, TX 78230)	
Purpose of payr required.)	nent (See instructions regarding type of information	← Complete if direct Candidate / Officeholder name	t expenditure to benefit C/OH •• ne Office sought Office held
reimbursement	for expenses		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED

POLIT	ICAL EXPENDITURES	SCHEDULE F
The Instruct	TON GUIDE explains how to complete this form.	1 Total pages Schedule F: 55
2 FILER NAN	ME d Garza	3 ACCOUNT # (Ethics Commission filers)
4 Date		
}	5 Payee name	7 Amount
2-7-01	Philip Cortez	60.00
	6 Payee address; City; State; Zip Code 351 McNarney SA, TX 78211	
8 Purpose of pa	syment (See instructions regarding type of information	9 Complete if direct expenditure to benefit C/OH
required.) reimburseme	ent for expenses	Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
2-7-01	Arnold Flores Payee address; City; State; Zip Code 301 S. Frio Ste 480 SA, TX 78207	3,000.90 DD
Purpose of pay required.) salary	yment (See instructions regarding type of information	Complete if direct expenditure to benefit C/PH Candidate / Officeholder name Office sought Office held
Date	Payee name	Amount
2-9-01	Kevin Lopez Payee address; City; State; Zip Code 602 E. Locust SA, TX 78212	1,000.00 (\$)
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
Date 2-9-01	Payee name Mungia Printers Payee address; City; State; Zip Code	Amount (\$) 708.93
!	2201 Buena Vista St. SA, TX 78207	
Purpose of paying required.) flyers	ment (See instructions regarding type of information	Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDED

POLITI	ICAL EXPENDITURES		SCHEDULE F
The INSTRUCT	ON GUIDE explains how to complete this form.	1	Total pages Schedule F:
2 FILER NAM	1E 1 Garza	3	ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name		7
2-9-01			7 Amount (\$)
2-9-01	Melissa Escobedo	· · · · · · · · · · · · ·	275.00
	6 Payee address; City; State; Zip Code		
	2502 Barharbor SA, TX 78228		
8 Purpose of pa	yment (See instructions regarding type of information	9 •• Complete if direct	t expenditure to benefit COH
required.)		Candidate / Officeholder name	e Office sought Office held
advertiseme	nt		i i i i i i i i i i i i i i i i i i i
			[국생하
Date	Payee name		Amount
2-10 - 01	Philip Cortez		480.00 (\$)
	Payee address; City; State; Zip Code		
	351 McNarney SA, TX 78211		00
Purpose of pay	/ment (See instructions regarding type of information	as Complete if disease	
required.)	nt for expenses	Candidate / Officeholder name	expenditure to benefit C/OH e Office sought Office held
To I mout 5 clile!	te for expenses		,
Date	Payee name		Amount
2-10-01	Alamo Party Rentals		(\$)
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	
	1728 Fredricksburg Rd. SA, TX 78201-5	033	
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct e	expenditure to benefit C/OH ·· Office sought Office held
rentals for	announcements		Onice sought Onice head
Date	Payee name		Amount
2-10-01	Clarissa Rodriguez		256.00 (\$)
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	• • • •
	143 E. Summit SA, TX 78212		
Purpose of payr	nent (See instructions regarding type of information		
required.)	See See See See See See See See See See	 Complete if direct ex Candidate / Officeholder name 	expenditure to benefit C/OH Office sought Office held
blockwalking			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	DED

POLITI	ICAL EXPENDITURES			SCHEDULE F
The Instructi	ION GUIDE explains how to complete this form.	1	Totalpages	
2 FILER NAM	AC .			55
<u>-</u>	Ed Garza		ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			
			1	7 Amount (\$)
2-10-01	Tommy Hultgren			5,158.00
	6 Payee address; City; State; Zip Code	,		•
	7214 N. Vandiver, SA, TX 78209			
8 Purpose of par required.)	lyment (See instructions regarding type of information	9 Complete if direct Candidate / Officeholder name		to benefit C/OH Office held
Photograph	ay			男の名
Date	Payee name			-Amount
2-10-01	Dora Ramos			(\$)
2 10 0	Payee address; City; State; Zip Code		• • • • •	350.00
	2, -2, -3, -2, -3, -1, -1, -1, -1, -1, -1, -1, -1, -1, -1			00
	259 E. Thompson P1., SA, TX 78225			
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if direct e	expenditure to	henefit C/OH ••
required.,		Candidate / Officeholder name		ffice sought Office held
Blockwalki	ng			
Date	Payee name			Amount
2-13-01	Home Depot			(\$)
2~13-01	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	• • • • •	95.87
	435 Sunset Rd. West, SA, TX 78209			
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct e Candidate / Officeholder name		benefit C/OH •• fice sought Office held
Stakes for	yard signs	ا ا		
Date	Payee name			Amount
2-12-01	Philip Cortez			(\$)
	Payee address; City; State; Zip Code		• • • • •	100.00
	351 McNarney, SA, TX 78211			
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direct ex Candidate / Officeholder name		benefit C/OH •• ice sought Office held
Reimbursem	ent for expenses			od dough.
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	ED	

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	on Guibs explains how to complete this form.	1 1	otal pages Schedule F:
2 FILER NAM	IE Ed Garza	3 A	CCOUNT # (Ethics Commission filers)
4 Date 2-13-01	5 Payee name Philip Cortez 6 Payee address: City; State; Zip Code 351 McNarney, SA, TX 78211		7 Amount (\$) 50.00
required.)	yment (See instructions regarding type of information ment for expenses	9 Complete if direct exp Candidate / Officeholder name	penditure to benefit C/OH
Date 2-13-01	Payee name Connie Sonnen Payee address; City; State; Zip Code 336 Kendalia, SA, TX 78214		Amount - (\$) 100.00
Purpose of pay required.) Salary	yment (See instructions regarding type of information	•• Complete if direct exp Candidate / Officeholder name	enditure to benefit C/OH Office sought Office held
Date 2-14-01	Payee name Janals Flowers Payee address; City; State; Zip Code 1942 N. St. Mary's, SA, TX 78212		Amount (\$) 60,00
required.)	ment (See instructions regarding type of information or seniors	•• Complete if direct expo Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held
Date 2-14-01	Payee name City of San Antonio Payee address; City; State; Zip Code P. O. Box 839975, SA, TX		Amount (\$)
Purpose of pay required.) Park reser		Candidate / Officeholder name	enditure to benefit C/OH •• Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEEDE	D

POLITI	CAL EXPENDITURES			SCHED	ULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
2 FILER NAM	E Ed Garza	·	3 ACCOUNT	# (Ethics Commission t	îlers)
4 Date 2-15-01 8 Purpose of parrequired.)	5 Payee name Home Depot 6 Payee address: City; State; Zip Code 435 Sunset Rd. West, SA, TX 78209 yment (See instructions regarding type of information			7 Amou (\$) 431.07	
Stakes		Candidate / Officeholder n	ame (Office sought	Office held
Date 2-15-01	Payee name Jef Pollack, Global Strategies Payee address: City: State: Zip Code 611 Broadway, Ste. 206, New York, NY	10012		Amou (\$) 1,106.50	nt .
Purpose of pay required.) Consulting	rment (See instructions regarding type of information	•• Complete if dir Candidate / Officeholder na	•	to benefit C/OH •• Office sought	Office held
Date 2-15-01	Payee name Philip Cortez Payee address; City; State; Zip Code 351 McNarney, SA, TX 78211			Amour (\$) 900.00	nt
required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		o benefit C/OH •• office sought	Office held
Date 2-15-01	Payee name Philip Cortez Payee address; City; State; Zip Code 351 McNarney, SA, TX 78211			Amoun (\$) 150.00	it.
required.)	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na	me O	D benefit C/OH ··	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule F: 55
2 FILER NAM			3 ACCOUNT # (Ethics Commission filers)
1 0-10	Ed Garza	<u> </u>	
2-16-01	Jeas Unlimited G Payee address; City; State; Zip Code 5213 Bandera Rd., SA, TX 78238		7 Amount (\$) 915.88
8 Purpose of pay required.)	l yment (See instructions regarding type of information	9 ··· Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH >- ame Office sought Office, held
Yard signs			
Date	Payee name	<u> </u>	Amount
2-18-01	Payee address; City; State; Zip Code		70:38 ————————————————————————————————————
	143 E. Summit, SA, TX 78212		
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ume Office sought Office held
Reimbursem	ent for expenses		
Date	Payee name		Amount
2-18-01	Easy Drive Stakes Payee address; City; State; Zip Code 906 Ruiz St., SA, TX 78207		(\$) 237.86
Purpose of payr required.) Stakes	ment (See instructions regarding type of information	•• Complete if direr Candidate / Officeholder nar	ct expenditure to benefit C/OH •• me Office sought Office held
Date	Payee name		Amount
2-18-01	Heritage Herald Payee address; City; State; Zip Code		(\$) 50.00
	P. O. Box 769235, SA, TX 78245-9235		
Purpose of payn required.)	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan	ct expenditure to benefit C/OH ne Office sought Office held
Advertisema	ent		
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED

POLITI	ICAL EXPENDITURES		SCHEDULE F
The Instruction	ION GUIDE explains how to complete this form.		1 Total pages Schedule F: 55
2 FILER NAM	ME Ed Garza		3 ACCOUNT # (Ethics Commission filers)
4 Date 2-18-01	5 Payee name Aaron Rents 6 Payee address; City; State; Zip Code	 .	7 Amount (\$)
	11500 IH 10 West, Bldg. 2, SA, TX 7	8230	0 : C1T
8 Purpose of pay required.)	syment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder na	rect expenditure to benefit C/OH++ name Office sought Office hel
Furniture re	ental for campaign office		
Date	Payee name		Ambunt
2-20-01	. Ideas Unlimited		915(387
	5213 Bandera Rd., SA, TX 78238		
required.)	yment (See instructions regarding type of information	·· Complete if dire Candidate / Officeholder na	rect expenditure to benefit C/OH ame Office sought Office held
Yard signs			
Date	Payee name		Amount
2-20-01	Office Max Payee address; City; State; Zip Code		(\$) · · · · · · · 96.89
	255 E. Basse, Ste. 1510, SA, TX 7820	09	
Purpose of pay- required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH •• ame Office sought Office held
Office suppl	ies		
Date	Payee name		Amount
2-20-01	Pḥilip Cortez Payee address; City; State; Zip Code		(\$)
	351 McNarney, SA, TX 78211		
Purpose of payr required.)	ment (See instructions regarding type of information	•• Complete if direc	ect expenditure to benefit C/OH ••
Reimbursemen	t for expenses	Candidate / Onicendider nar	rne Office sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED

POLITI	CAL EXPENDITURES			SCHEDU	JLE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages		
2 FILER NAM	E Ed Garza		3 ACCOUNT	# (Ethics Commission file	lers)
4 Date 2-21-01	5 Payee name Postmaster 6 Payee address; City; State; Zip Code N. Broadway St., SA, TX 78217			7 Amount (\$) 418.34	
8 Purpose of parrequired.) Stamps for m	yment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na		to benefit C/QH, Office sought	Office held
Date 2-21-01	Payee name Paul Javior Payee address; City; State; Zip Code 13120 Hwy. 87, Atkins, TX 78101			Amour (\$) 500.00	
Purpose of pay required.) Buttons	rment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nar		o benefit C/OH ** Office sought	Office held
Date 2-21-01	Payee name Mungia Printers Payee address; City; State; Zip Code 2201 Buena Vista St., SA, TX 78207			Amoun (\$) 1,973.27	t
Purpose of pay required.) Push cards	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nam		o benefit C/OH office sought	Office held
Date 2-21-01	Payee name Message Audience & Presentation Payee address; City; State; Zip Code 2400 S. 4th St., Austin, Texas 7870	4		Amount (\$) 7,500.00	
Purpose of pay required.) Consulting f		•• Complete if direct Candidate / Officeholder name	ne Oi	benefit C/OH ••	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED		

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ом Guide explains how to complete this form.		1 Total pages Schedule F: 55	
2 FILER NAME Ed Garza			3 ACCOUNT # (Ethics Commission filers)	
4 Date 2-21-01	5 Payee name USPS 6 Payee address: City: State: Zip Code Airport Mail, SA, TX 78246			7 Amount (\$) 83.21
8 Purpose of pay required.) Overnight mai	yment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder na	rect expenditure to arne Of	b benefit C/OH) ffice sought Office held
Date 2-23-01	Payee name Ideas Unlimited Payee address; City; State; Zip Code 5213 Bandera Rd., SA, TX 78238			Amount (\$) 915-87
Purpose of pays required.) Yard Signs	ment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		benefit C/OH fice sought Office held
Date 2-23-01	Payee name Wolfe Nursery Payee address; City; State; Zip Code 3700 Broadway, SA, TX 78209			Amount (\$) 91.64
Purpose of payment (See instructions regarding type of information required.) Tree planting ceremony		•• Complete if direct expenditure to benefit C/OH •• Candidate / Officeholder name Office sought Office held		
Date 2-23-01	Payee name Maverick Video Production Payee address; City; State; Zip Code 120 Chula Vista, SA, TX 78232			Amount (\$) 10,549.51
Purpose of payn required.) TV Shoot	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nar	me Offic	Denefit C/OH •• De sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POLITI	CAL EXPENDITURES			SCHEDU	JLE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	Schedule F: 55	
2 FILER NAMI	Æ		3 ACCOUNT #	# (Ethics Commission fil	iers)
	Ed Garza			•	,
4 Date	5 Payee name			7 Amour	nt
2-23-01	Charlie Wood 6 Payee address; City; State; Zip Code			(\$) 200.00)
	14119 Susan Crest, SA, TX 78232			0	<u> </u>
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n	rect expenditure to	o benefit C/OHO Office sought	Office held
Entertainmen	nt for fundraiser			<u> </u>	
Date	Payee name		,	Amour	10 3
2-23-01	Philip Cortez			". (\$)	2
···	Payee address; City; State; Zip Code			1,000-00	1.3
·	351 McNarney, SA, TX 78211				
Purpose of pay required.)	yment (See instructions regarding type of information	Complete if dire		o benefit C/OH ••	
•	nt for Blockwalking	Candidate / Officeholder na		ffice sought	Office held
Date	Payee name			Amoun	t
2-25-01	Howard Mangold			(\$)	
2 23 01	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		168.26	
	458 Sharon, SA, TX 78216				
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if dire		b benefit C/OH ••	Office held
Reimbursemen	nt for expenses	Outroite Committee		nce sougm	Utilize nere
Date	Payee name			Amount	t .
2-25-01	Ideas Unlimited Payee address; City; State; Zip Code			(\$) 915.88	
	5213 Bandera Rd., SA, TX 78238				
Purpose of payr required.)	rment (See instructions regarding type of information	Complete if dire		benefit C/OH ••	Office held
Yard signs				•	
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

POLITI	ICAL EXPENDITURES			SCHED	ULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total page	es Schedule F:	
2 FILER NAM	1E Ed Garza		3 ACCOUNT	T # (Ethics Commission t	filers)
4 Date	5 Payee name			7 Amou	
2-26-01	Postmaster 6 Payee address; City; State; Zip Code			44.2	
	Alamo Heights, SA, TX 78209-9998				
8 Purpose of pay required.)	syment (See instructions regarding type of information	9 •• Complete if dire Candidate / Officeholder na	act expenditure	to benefit C/OH	Office held
Stamps					
Date	Payee name		,	Amou	nt-
2-26-01	Office Max Payee address; City; State; Zip Code			517.76	
	255 E. Basse, Ste. 1510, SA, TX 782	09		<u> </u>	1.1 1.0
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought	Office held
Phones for H	.Q				
Date	Payee name			Amour	nt
2-26-01	Postmaster Payee address; City; State; Zip Code			(\$)	
	N. Broadway Sta., SA, TX 78217-9998			765.00	
required.)	ment (See instructions regarding type of information	•• Complete if direction of the complete in the complete in the		to benefit C/OH •• Office sought	Office held
Stamps for ma	ailout				
Date	Payee name			Amoun	t
2-28-01	Parrish Ticer Design Payee address; City; State; Zip Code			(\$) 2,712.88	
	125 Blue Star #9, SA, TX 78204				
Purpose of payr required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name		o benefit C/OH ··	Office held
Invitations					
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEI	EDED		

POLITI	ICAL EXPENDITURES			SCHED	ULE F
The Instruction	ION GUIDE explains how to complete this form.		1 Total page:	s Schedule F:	
2 FILER NAM	IE		3 ACCOUNT	# (Ethics Commission)	filers)
	Ed Garza			·	···
4 Date	5 Payee name			7 Amou	
2-28-01	Election Support Services			(\$)	
	6 Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • •		953.73	3
.	4958 Military Drive West, SA, TX 782	242	į	01 ÅP	0113
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if direction Candidate / Officeholder name	ct expenditure me		Office held
Walk lists	· · · · · · · · · · · · · · · · · · ·			70 % 1 10 10 10 10 10 10 10 10 10 10 10 10 10	255 515
Date	Payee name			Amou	nt
2-28-01	San Antonio Register Payee address; City; State; Zip Code			(s) 500.00	7 ()
	P. O. Box 1598, SA, TX				
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nan		to benefit C/OH •• Office sought	Office held
Advertisemen	it				
Date	Payee name			Amoun	nt
2-28-01	Maid of Honor Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		(\$) 312.48	
	P. O. Box 142815, Austin, TX 78714				
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder nam		o benefit C/OH Office sought	Office held
Cleaning for	HQ				
Date	Payee name			Amoun	t
2-28-01	Budget Signs Payee address; City; State; Zip Code	••••••		(\$) 2,035.68	
	2801 W. Avenue, SA, TX 78201				
Purpose of payr required.)	ment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name		o benefit C/OH	Office held
Signs					
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED		

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total page:	s Schedule F:
2 FILER NAM	E Ed Garza		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			
2-18-01	Stanford Research			7 Amount (\$)
	6 Payee address; City; State; Zip Code			₹29.00 🖺
	3355 Bee Caves Rd., Ste. 715, Austin,	TX 78746		# 000 600 600
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if dire		to benefit C/OH ••
Research Stud	у	Sunstante / Sinceriologi ila	iii e	Office sought Office held
Date	Payee name		· 1	Amount
2-28-01	Cynthia Hancevic Payee address; City; State; Zip Code			(\$) 275 . 00
	1851 W. Mulberry, SA, TX 78201			
Purpose of pay required.) Make-up Artis	ment (See instructions regarding type of information	•• Complete if direction of the complete of direction of the complete of the c		o benefit C/OH •• Office sought Office held
	2 201 0.1900			
Date	Payee name			Amount
2-28-01	Rotary Club of San Antonio Payee address; City; State; Zip Code			(\$) 330.01
	710 McCullough, SA, TX 78215			
Purpose of payi required.)	ment (See instructions regarding type of information	•• Complete if direction Candidate / Officeholder name		D benefit C/OH •• Thice sought Office held
Membership				•
Date	Payee name			Amount (\$)
2-28-01	Sprint PCS Payee address; City; State; Zip Code			129.28
	P. O. Box 219718,			
Purpose of payr required.)	nent (See instructions regarding type of information	 Complete if direct Candidate / Officeholder nam 		benefit C/OH •• fice sought Office held
Cell Phone St	aff			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	אס Guide explains how to complete this form.		1 Total page:	s Schedule F: 55
2 FILER NAM	E Ed Garza		3 ACCOUNT	# (Ethics Commission filers)
4 Date 2-28-01	5 Payee name CPS 6 Payee address; City, State; Zip Code			7 Amount (\$) 172.08
	P. O. Box 2678, SA, TX 78289-0001			01
8 Purpose of pay required.) Utilities	ment (See instructions regarding type of information	9 ·· Complete if dir Candidate / Officeholder n		to benefit C/OH Office sought Office held
Date 2-28-01	Payee name SWBT Payee address; City; State; Zip Code P. O. Box 4699, Houston, TX 77097-	0075		Amount (\$) 725,44
Purpose of pay required.) Phones	rment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held
Date 2-28-01	Payee name Ozarka Payee address; City; State; Zip Code P. O. Box 52214, Phoenix, Arizona	85072-2214		Amount (\$) 172.31
Purpose of pay required.) Water at HQ	ment (See instructions regarding type of information	⊷ Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held
Date 2-28-01	Payee name Time Warner Cable Payee address; City; State; Zip Code P. O. Box 650734 Dallas, TX 75265			Amount (\$) 113.50
Purpose of payr required.) Road Runner	ment (See instructions regarding type of information Service	⊷ Complete if dire Candidate / Officeholder nai		o benefit C/OH •• Office held Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

POLITI	ICAL EXPENDITURES			SCHEDULE F
The INSTRUCTION	ON GUIDE explains how to complete this form.		1 Total page	s Schedule F: 55
2 FILER NAM	Ed Garza		3 ACCOUNT	# (Ethics Commission filers)
2-28-01	A. V. Source 6 Payee address; City; State; Zip Code P. O. Box 791312, SA, TX 78279			7 Amount (\$) 1,223.30
required.)	yment (See instructions regarding type of information puncement System	9 Complete if dir Candidate / Officeholder na		to benefit C/OH ·· Office sought Office held
Date 2-28-01	Payee name Colliers Payee address; City; State; Zip Code 7710 Jones, SA, TX 78216			Amount (\$)
Purpose of pay required.) Lunch for m	ment (See instructions regarding type of information leeting	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held
Date 2-28-01	Payee name Security One Payee address; City; State; Zip Code P. O. Box 23280, SA, TX 78223-0280			Amount (\$) 26.97
Purpose of paying required.) HQ Security	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nar		o benefit C/OH office sought Office held
Date 3-2-01	Payee name Jo McCall Payee address; City; State; Zip Code 4111 Tamarak, SA, TX 78220			Amount (\$) 1,500.00
Purpose of payr required.) Sålary	ment (See instructions regarding type of information ATTACH ADDITIONAL COPIES	··· Complete if direct Candidate / Officeholder name	ne Oi	o benefit C/OH •• ffice sought Office held
		r ermi / e ithi		

POLIT	ICAL EXPENDITURES	·		SCHEDULE F
The Instructi	אסו Guide explains how to complete this form.		1 Total pages	s Schedule F:
2 FILER NAM	ME Ed Garza		3 ACCOUNT	# (Ethics Commission filers)
3-2-01 8 Purpose of parequired.)	Josh Copeland 6 Payee address; City; State; Zip Code 11910 Orsinger Lane #1108, SA, TX yment (See instructions regarding type of information			
Salary & re	imbursements	Candidate / Officenoider n	ame	Office sought (Office Red
Date 3-2-01	Payee name Theresa Canales Payee address; City; State; Zip Code 512 E. Quincy #4, SA, TX 78215			Amount (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$) (\$)
Purpose of pay required.) Salary & re	yment (See instructions regarding type of information imbur sement	•• Complete if dire Candidate / Officeholder na		o benefit C/OH •• Office sought Office held
Date 3-2-01	Payee name Anne Whittington Payee address; City; State; Zip Code 8715 Starcrest #3, SA, TX 78216			Amount (\$) 3,000.00
Purpose of pay required.) Salary	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		D benefit C/OH •• Office held
Date 3-2-01	Payee name Kevin Lopez Payee address; City; State; Zip Code 602 E. Locust, SA, TX 78212	,		Amount (\$) 3,500.00
Purpose of pay required.) Salary	rment (See instructions regarding type of information	Complete if dire Candidate / Officeholder nai		benefit C/OH •• ffice sought Office held
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 **POLITICAL EXPENDITURES** SCHEDULE F

The Instructi	юм Guide explains how to complete this form.		1 Total page	s Schedule F:
2 FILER NAM	ME Ed Garza		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name	<u> </u>		7 Amount
3-2-01	Trish DeBerry 6 Payee address; City; State; Zip Code			(\$) 3,541.97
	13511 Bay Orchard, SA, TX 78231			01 AP
required.)	ryment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder na	•	to benefit C/QH Office sought Office held
Salary & re	eimbursement			
Date 3-2-01	Payee name Anita M. Creus Payee address; City; State; Zip Code			Amount (\$) 3,463.62
	11711 Wallstreet #8307, SA, TX 782	30		
Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		to benefit C/OH Office sought Office held
Salary & re	eimbursement			
Date	Payee name Philip Cortez			Amount (\$)
3-2-01	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		446.26
	351 McNarney, SA, TX 78211			
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		o benefit C/OH •• Office sought Office held
Salary & re	eimbursement			
Date	Payee name			Amount (\$)
3-2-01	Eastside Magazine Payee address; City; State; Zip Code			400.00
	1850 Montana, SA, TX 78203			
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direction Candidate / Officeholder name		benefit C/OH ·· ffice sought Office held
Advertiseme	ent		_	
	ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NE	EDED	

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	ON GUIDE EXPLAINS how to complete this form.		1 Total page	·
2 FILER NAM	Ed Garza		3 ACCOUNT	55 # (Ethics Commission filers)
4 Date 3-2-01 8 Purpose of pay required.)	5 Payee name Kevin Lopez 6 Payee address; City; State; Zip Code 602 E. Locust, SA, TX 78212 grment (See instructions regarding type of information	9 Complete if dire Candidate / Officeholder na		7 Amount (\$) 950.00 to benefit C/OH Office sought Office field
Reimbursemen	ent for blockwalking			
Date 3-4-01	Payee name John Reynolds Payee address; City; State; Zip Code P. O. Box 601329, SA, TX 78268			Aggrount (\$) 500.00
Purpose of pays required.) Article in p	ment (See instructions regarding type of information publication	•• Complete if direc Candidate / Officeholder nar		to benefit C/OH •• Office sought Office held
Date 3-5-01	Payee name Gilbert Galvan Payee address; City; State; Zip Code 311 Stace, SA, TX 78204			Amount (\$) 100.00
Purpose of payn required.) Salary	ment (See instructions regarding type of information	•• Complete if direc Candidate / Officeholder nam		o benefit C/OH ffice sought Office held
Date 3-6-01 ·	Payee name Bob Wade Payee address; City; State; Zip Code			Amount (\$) 800.00
	3502 Wisome Court, Austin, Texas 78	8731		
Purpose of paym required.) Reimbursemen	nent (See instructions regarding type of information nt for work ATTACH ADDITIONAL COPIES	Complete if direct Candidate / Officeholder name	e Off	benefit C/OH •• fice sought Office held

P.O. Box 12070

POLIT	ICAL EXPENDITURES			SCHEDULE F
The Instruct	เอพ Guioɛ explains how to complete this form.		1 Total page	s Schedule F: 55
2 FILER NAM	ME Ed Garza		3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			
3-6-01	AT & T			7 Amount (\$)
	6 Payee address; City; State; Zip Code			296.45
	P. O. Box 650054, Dallas, TX 75265	5-0054		
8 Purpose of pa required.)	yment (See instructions regarding type of information	9 Complete if dire	ect expenditure	to benefit C/OH.
	- Campaign staff	Candidate / Officeholder na		Office sought Office held
Date	Payee name	I		Amount
2 (01	Ideas Unlimited			(\$)
3-6-01	Payee address; City; State; Zip Code			
	5213 Bandera Rd., SA, TX 78238			1662.04
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire	ct expenditure	to benefit C/OH
Yard signs		Candidate / Officeholder na	me (Office sought Office held
			70	
Date	Payee name			Amount
3-6-01	Mungia Printers Payee address; City; State; Zip Code			(\$) 3,790.00
	2201 Buena Vista, SA, TX 78207			
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direction of the complete if direction of the complete if direction of the complete if direction of the complete in the complete if direction of the complete in the complete		o benefit C/OH •• Iffice sought Office held
Push cards,	, bumper stickers			mice sought Office risks
Date	Payee name		T	Amount
	Allied Advertising			(\$)
3-7-01	Payee address; City; State; Zip Code			
·	3700 Blanco Rd., SA, TX 78212			79.00
Purpose of payr required.)	ment (See instructions regarding type of information	Complete if direc		
Banner			Of	fice sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	
				,

POLIT	ICAL EXPENDITURES			SCHEDULE F
The Instruct	TION GUIDE explains how to complete this form.		1 Total page	s Schedule F:
2 FILER NAM	ME Ed Garza	3	ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount
3 - 7-01	Roto Rooters			(\$) 2 25 .75
	6 Payee address; City: State; Zip Code 223 W. Nakoma, SA, TX 78216			225.75 - 1
8 Purpose of parequired.)	ayment (See instructions regarding type of information	9 Complete if direct Candidate / Officeholder name		12
Campaign o	ffice maintenance			0 0
Date	Payee name			Amount
3-8-01	. Kevin Lopez Payee address; City; State; Zip Code			(\$) 160.00
	602 E. Locust, SA, TX 78212			
Purpose of par required.)	yment (See instructions regarding type of information	Complete if direct Candidate / Officeholder name		o benefit C/OH Office sought Office held
Reimburseme	ent for expenses			
Date	Payee name			Amount (\$)
3-8-01	Aaron Rents Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		155.62
	11500 I.H. 10 W., Bldg. 2, SA, TX	78230		
Purpose of pay required.)	ment (See instructions regarding type of information	•• Complete if direct Candidate / Officeholder name		D benefit C/OH ffice sought Office held
Furniture r	rental for campaign office			
Date	Payee name			Amount
3-8-01	Chris Castro Payee address; City; State; Zip Code			(\$)
	5100 NW Loop 410 #2405, SA, TX			22.58
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if direct e		
Reimburseme	ent for expenses	Candidate / Officeholder name	Off	fice sought Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEED	DED	

POLITICAL EXPENDITURES SCHEDULE F The Isstruction Guice explains how to complete this form. 1 Total pages Gnobule F: 55 2 FILER NAME Bd Garza 4 Date 5 Payee name Amount (8) 3 -8-01	Texas Etnics Co	ommission P.O. Box 12070 Austin, Texas	s 78711-2070	(512) 4	63-5800 1-800-325-85
Ed Carza 4 Date By Carza 5 Payee name Charold Flores 6 Payee address; City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Payee address; City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Payee address; City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Payee address: City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Payee address: City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of inform	POLIT	ICAL EXPENDITURES			
Ed Carza 4 Date Bd Carza 4 Date S Payse name Arnold Flores 6 Payse address; City. State: Zip Code 3.01 S. Frio, Ste. 480, SA, TX 78207 8 Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Payse address: City. State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Security for fundraiser Date Payse name Louis Alcoser Payse address: City. State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Security for fundraiser Date Payse name Louis Alcoser Payse address: City. State: Zip Code 119 W. El Prado, SA, TX 78212 Complete if direct expenditure to banefit C/OH Office had office sought Complete if direct expenditure to banefit C/OH Office had office sought Office had office had office had office sought Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information Complete if direct expenditure to banefit C/OH Office had office had office sought of the had office had office had office sought office had offic	The Instruct	FION GUIDE explains how to complete this form.		1 Total pages	
Bett Garza A Date 5 Payee name 7 Amount (\$5 Payee address; City, State; Zip Code 3,500.00 B Purpose of payment (See instructions regarding type of information required.) Date Payee name	2 FILER NAM	VE		3 ACCOUNT	
Arnount (See instructions regarding type of information required.) Arnold Flores 6 Payee address: City: State: Zip Code 3,500,00 8 Purpose of payment (See instructions regarding type of information required.) Payee address: City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Date Payee name 6,000 Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information Candidate / Officeholder name Office scopit Office had Security for fundraiser Date Payee name 6,000 Purpose of payment (See instructions regarding type of information Candidate / Officeholder name Office scopit Office had Security for fundraiser Date Payee name 7,000 Candidate / Officeholder name Office scopit Office had Office had Officeholder name Office scopit Officeholder name Office had Office had Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder name Office scopit Officeholder of Officeholder name Office scopit Officeholder of Officeholder of Officeholder name Office scopit Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Officeholder of Offic				1	
301 S. Frio, Ste. 480, SA, TX 78207 8 Purpose of payment (See instructions regarding type of information required.) Date Payee name K. Kaltever Payee address; City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Date Payee name Louis Alcoser Payee address; City: State: Zip Code 119 W. El Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Payee address: City: State: Zip Code 200 E. Basse Rd., SA, TX 78209 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office hed					(\$)
Security for fundraiser Payee name Complete if direct expenditure to benefit C/OH - Office held					
Date Payee name K. Kalteyer Payee address: City: State: Zip Code 119 W. E1 Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Date Payee name Louis Alcoser Payee address: City: State: Zip Code 119 W. E1 Prado, SA, TX 78212 Date Payee name Amount (\$\$) Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Date Payee name Amount (\$\$) Purpose of payment (See instructions regarding type of information required.) Date Payee name Amount (\$\$) Clear Channel Communications (\$\$) 3-9-01 Payee address: City: State: Zip Code 1,325.00 Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH - Candidate / Office hold office held office held office of payment (See instructions regarding type of information - Complete if direct expenditure to benefit C/OH - Candidate / Office hold office held of	required.)		Oomplete if dill		to benefit C/QH
Amount Security for fundraiser Date Payee address; City: State: Zip Code 119 W. E1 Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Date Payee name Louis Alcoser Payee address; City: State: Zip Code 119 W. E1 Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information required.) Date Payee name Clear Channel Communications Payee address; City: State: Zip Code Clear Channel Communications Clear Channel Communications Payee address; City: State: Zip Code Clear Channel Communications Payee address; City: State: Zip Code Clear Channel Communications Payee address; City: State: Zip Code Clear Channel Communications Clear Channel Communications Payee address; City: State: Zip Code Clear Channel Communications Clear Channel Communications Clear Channel Communications Clear Channel Communications Payee address; City: State: Zip Code Complete if direct expenditure to benefit C/OH Candidate / Officeholder name Clear Channel Communications Clear Chann					
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Security for fundraiser Date Payee name Louis Alcoser Payee address: City: State: Zip Code 119 W. E1 Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Date Payee name Candidate / Office holder name Office sought Candidate / Office holder name Office sought Office held Office held Office held Office held Office held Office held Office sought Office held Candidate / Officeholder name Office sought Office held Office held Office held Office held Office held Office held Office held Office held Office held Office held Office held Office held Office sought Office held Office held Office held Office sought Office held Office held Office held Office held Office held Office held Office held Office held Office held Office sought Office held Office held Office held Office held Office held					
Date Payee name Amount (\$) 119 W. E1 Prado, SA, TX 78212 60.00 Purpose of payment (See instructions regarding type of information required.) Candidate / Office holder name Amount (\$) Date Payee name Amount (\$) Clear Channel Communications Clear Channel Communications Payee address; City: State; Zip Code 200 E. Basse Rd., SA, TX 78209 Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office held Office	Purpose of pay required.)	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na		
Amount (\$) Louis Alcoser Payee address; City: State: Zip Code 119 W. E1 Prado, SA, TX 78212 Purpose of payment (See instructions regarding type of information required.) Security for fundraiser Date Payee name Clear Channel Communications Payee address; City: State: Zip Code 200 E. Basse Rd., SA, TX 78209 Purpose of payment (See instructions regarding type of information (\$) Purpose of payment (See instructions regarding type of information required.) Office held Candidate / Office instructions regarding type of information required.) Office held Office sought Office held	Security fo	or fundraiser			
Purpose of payment (See instructions regarding type of information required.) Purpose of payment (See instructions regarding type of information Security for fundraiser Date Payee name Clear Channel Communications Payee address; City; State; Zip Code 200 E. Basse Rd., SA, TX 78209 Purpose of payment (See instructions regarding type of information required.) - Complete if direct expenditure to benefit C/OH Candidate / Office held office hel		Louis Alcoser			
Candidate / Officeholder name Office sought Office held Security for fundraiser Date Payee name Clear Channel Communications 3-9-01 Payee address; City; State; Zip Code 200 E. Basse Rd., SA, TX 78209 Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office sought Office held Candidate / Officeholder name Office sought Office held					60.00
Date Payee name Clear Channel Communications Payee address; City; State; Zip Code 200 E. Basse Rd., SA, TX 78209 Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office held	required.)	·	Complete if direr Candidate / Officeholder na		
Purpose of payment (See instructions regarding type of information required.) Amount (\$) 1,325.00 Purpose of payment (See instructions regarding type of information required.) Clear Channel Communications (\$) 1,325.00	Security fo	or fundraiser			
Purpose of payment (See instructions regarding type of information required.) Clear Channel Communications Payee address; City; State; Zip Code 1,325.00 1,325.00	Date	Payee name			
Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to benefit C/OH Candidate / Office holder name Office sought Office held	3-9-01				
Candidate / Officeholder name Office sought Office held	·				
Radio advertisement	Purpose of payr required.)	ment (See instructions regarding type of information	Complete if direc Candidate / Officeholder nan		
	Radio adver	tisement			

P.O. Box 12070

POLITI	CAL EXPENDITURES			SCHEDU	JLE F
The Instruction	ON GUIDE explains how to complete this form.		1 Total page:	s Schedule F:	
2 FILER NAM	E Ed Garza		3 ACCOUNT	# (Ethics Commission fi	lers)
4 Date	5 Payee name			7 Amou (\$)	nt
3-12-01	Janal Wholesale 6 Payee address; City; State; Zip Code			570.0	00 :=>
	1942 N. St. Mary's, SA, TX 78212			0. 高	
required.)	yment (See instructions regarding type of information	9 •• Complete if dir Candidate / Officeholder n		to benefit C/OH, Office sought	Office held
Flowers fo	or seniors			**************************************	
Date	Payee name		,	Amour	nt
	Paper Plus			(9)	. Ó
3-12-01	Payee address; City; State; Zip Code			54.1	3
	8842 Broadway, SA, TX 78217				
Purpose of pay required.)	ment (See instructions regarding type of information			to benefit C/OH	-
Stationery		Candidate / Officeholder na	ame (Office sought	Office held
Date	Payee name		T	Amoun	t
3-12-01	Janal Wholesale			(\$)	
3 12 01	Payee address; City; State; Zip Code			59.89	
	1942 N. St. Mary's, SA, TX 78212				
Purpose of pay required.)	ment (See instructions regarding type of information	· Complete if dire			
Flowers fo	r seniors	Candidate / Officeholder na	ime (Office sought	Office held
Date	Payee name			Amoun	t
3-12-01	McClean-Clark Payee address; City; State; Zip Code			(\$) 1,000.00	
	327 Haynes Haven Lane, Murfreesbord	, TN 37129			
Purpose of pay required.)	ment (See instructions regarding type of information	Complete if dire		o benefit C/OH	Office held
Consulting	Fee			a···	
-	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

POLITI	ICAL EXPENDITURES			SCHEDU	LE F
The Instruction	ION GUIDE explains how to complete this form.		1 Total pages	Schedule F:	
2 FILER NAM	1E Ed Garza		3 ACCOUNT	# (Ethics Commission file	rs)
4 Date 3-13-01	5 Payee name Plaza Club 6 Payee address; City: State; Zip Code 21st Floor Frost Bank Tower, SA, Ti			7 Amount (\$)	CITY PROPERTY
8 Purpose of par required.) Membership	nyment (See instructions regarding type of information o dues	9 •• Complete if dire Candidate / Officeholder na		to benefit C/OH	Office field
Date 3-13-01	Payee name Ideas Unlimited Payee address: City; State; Zip Code 5213 Bandera Rd., SA, TX 78238			Amount (\$) 1,662.03	
Purpose of pay required.) Yard signs	yment (See instructions regarding type of information	•• Complete if dire Candidate / Officeholder na			Office held
Date 3-14-01	Payee name Star Shuttle & Charter Payee address; City; State; Zip Code 1343 Hallmark, SA, TX 78216			Amount (\$) 200.00	
Purpose of pay required.) Busses for	ment (See instructions regarding type of information seniors	Complete if direction Candidate / Officeholder nace			Office held
Date 3-14-01	Payee name Janal Wholesale Co. Payee address; City; State; Zip Code 1942 N. ST. Mary's, SA, TX 78212			Amount (\$) 110.57	
Purpose of pay required.) Flowers for	r seniors	Complete if direc Candidate / Officeholder nar			Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

	POLITI	CAL EXPENDITURES			SCHED	ULE F
	The Instruction	אס Guide explains how to complete this form.		1 Total page	s Schedule F:	
2	FILER NAM	E Ed Garza		3 ACCOUNT	# (Ethics Commission)	īlers)
4	Date	5 Payee name			7 Amou	
	3-15-01	Paul B. Javior 6 Payee address; City: State: Zip Code 13120 Hwy. 87 E., Atkins, SA, TX	78101		500.00 01 APR	- 2017 - 210 - 210
8	Purpose of pay required.) Buttons	/ment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder na	ect expenditure ame	to benefit C/OH Office sought	Office had
	Date	Payee name			Amod (\$)	nt /
	3-15-01	Budget Signs Payee address; City; State; Zip Code		,	66.07	
		2801 W. Avenue, SA, TX 78201				
	Purpose of pay required.) Sign maint	ment (See instructions regarding type of information enance	 Complete if direction Candidate / Officeholder na 		to benefit C/OH •• Office sought	Office held
_	Date	Payee name			Amour	
	3-16-01	Maverick Video Productions			(\$)	
		120 Chula Vista, SA, TX 78232-2284				
	Purpose of pay required.)	ment (See instructions regarding type of information	·· Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
	T.V. Shoot					
	Date	Payee name			Amour (\$)	ıt
	3-16-01	Payee address; City; State; Zip Code			1,500.0	00
		602 E. Locust, SA, TX 78212				
	required.)	ment (See instructions regarding type of information	Complete if dire Candidate / Officeholder na		to benefit C/OH •• Office sought	Office held
	Salary					
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

POLIT	ICAL EXPENDITURES		SCHEDU	JLE F
The Instructi	ON Guide explains how to complete this form.		1 Total pages Schedule F:	
2 FILER NAM	IE 1 Garza		3 ACCOUNT # (Ethics Commission file	iers)
4 Date	5 Payee name		<u> </u>	
1-17-01	PMI Print Design		7 Amour 1,558 79 (\$)	5
	6 Payee address: City: State: Zip Code 12770 Cimarron Ste. 100 SA, TX 78249		PR -9 H	
8 Purpose of pa required.)	yment (See instructions regarding type of information	9 Complete if dir Candidate / Officeholder n	rect expenditure to benefit C/OH	Office held
brochures	and envelopes			
Date	Payee name		Amoun	nt
1-17-01	Ed Garza	•	83.33 (\$)	
	Payee address; City; State; Zip Code			
	1903 W. Magnolia SA, TX 78201			
required.)	ment (See instructions regarding type of information ent for announcement dinner	⊶ Complete if dire Candidate / Officeholder na	ect expenditure to benefit C/OH ame Office sought	Office held
Date	Payee name		Amount	
1-17-01	Easy Drive Payee address; City: State; Zip Code 906 Ruiz St. SA, TX 78207		1,035.60	
Purpose of pay	ment (See instructions regarding type of information	Complete if dire	ect expenditure to benefit C/OH ••	
required.) stakes for	signs	Candidate / Officeholder na		Office held
Date	Payee name		Amount	
1-17-01	Kinkos 		569.08 (\$)	
required.)	ment (See instructions regarding type of information mational cards for headquarters	•• Complete if direct Candidate / Officeholder name	ct expenditure to benefit C/OH me Office sought	Office held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

POLITI	CAL EXPENDITURES			SCHEDULE	=
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages	s Schedule F; 55	=
2 FILER NAM Ed	E I Garza			# (Ethics Commission filers)	
4 Date	5 Payee name		·		
3-19-01				7 Amount	
3 17 01	Nancy Harkins			71.98 (\$)	
	6 Payee address; City; State; Zip Code 5400 Broadway SA, TX 78209			PR -9 HI	: 1 7
8 Purpose of pay required.)	yment (See instructions regarding type of information	9 Complete if dire	ect expenditure	to benefit C/OH-	
•		Candidate / Officeholder na		Office sought Office he	ble
stati	onary			- 5	
	· ·				
Date	Payee name			Amount	
3-19-01	John Reynolds			(\$)	
				500.00	
	Payee address; City; State; Zip Code				
i	PO Box 601329 SA, TX 78268				
Purpose of pay	ment (See instructions regarding type of information	Complete if dire	ect expenditure t	to honofit C/OH	
required.)		Candidate / Officeholder na		to benefit C/OH •• Office sought Office hel	ld
adver	tisement			-	
		: :			
Date	Payee name			Amount	
2 20 01				Amount (\$)	
3-20-01				100.00	
	Payee address; City; State; Zip Code				
	PO Box 839975 SA, TX 78283-3975				
	ı				
District of any					
required.)	ment (See instructions regarding type of information	- Complete if direction Candidate / Officeholder nar			
filipo		Candidate / Officendider har	me u	Office sought Office held	1
filing	,				
Date	Payee name			Amount	_
3-20-01	American Printing & Mailing			(\$)	
	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •		9,000.00	
	1606 Headway Cr. #100 Austin, TX 78754				
	are meaning to also modeling in 10194				
Purpose of payri	nent (See instructions regarding type of information				
required.)	tent (See instructions regarding type of information	 Complete if direct Candidate / Officeholder name 			
	1	Callulate / Cilicololusi Ilaii	.ne Ui	ffice sought Office held	
ballot	chaser				
		*			
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED		

	POLITI	CAL EXPENDITURES			SCHEDULE F
,	The Instruction	אס Guide explains how to complete this form.		1 Total page	es Schedule F: 55
2 F	FILER NAME	E Garza			T # (Ethics Commission filers)
<u> </u>					
4	Date	5 Payee name			7 Amount (\$)
3	3-20-01	Federal Express	· • • • • • • • • • • • • • • • • • • •	· · · · · ·	14.04
		6 Payee address; City; State; Zip Code			2
		300 Convent SA, TX 78205			
8 F	ourpose of pay	ment (See instructions regarding type of information			to benefit C/OH ··
	,	ight mail	Candidate / Officeholder na	ame	Office sought Gffice held
	Date				
3	Date 3-22-01	Payee name Office Max		,	Amount 158.07 (\$)
		Payee address; City; State; Zip Code			130.07
		255 E. Basse Ste. 1510 SA, TX 78209			
P	urpose of payr	ment (See instructions regarding type of information	·· Complete if dire	at evnenditure	to benefit C/OH
re	equired.)	e supplies	Candidate / Officeholder na		Office sought Office held
	·				
-	Date	Payee name			Amount
3-	-21-01	San Antonio Register			(\$) 500.00
		Payee address; City; State; Zip Code			
		PO Box 1598 SA, TX 78296			
Pt re-	urpose of payn equired.)	nent (See instructions regarding type of information	Complete if direction Candidate / Officeholder nar		to benefit C/OH Office sought Office held
	advert	isement			
	Date -22-01	Payee name Charlie Wood			Amount (\$)
	ŀ	Payee address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
		14119 Susancrest SA, TX 78232			
Pu	urpose of paym quired.)	nent (See instructions regarding type of information			o benefit C/OH •• Office sought Office held
	entert	ainment for rally			
		ATTACH ADDITIONAL COPIES	OF THIS FORM AS NE	EDED	

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 POLITICAL EXPENDITURES SCHEDULE F The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME ACCOUNT # (Ethics Commission filers) Ed Garza Date 5 Payee name Amount 3-23-01 Tommy Hultgren 2,185.85 (\$) 6 Payee address; City; State; Zip Code 7214 N. Vandiver SA, TX 78209 Purpose of payment (See instructions regarding type of information •• Complete if direct expenditure to benefit C/OH •• required.) Candidate / Officeholder name photos of candidate 0 Date Pavee name **Amount** Earnnet John Carrillo 5,000.00 3-23-01 City; State; Zip Code Payee address; 1000 Jackson Keller SA, TX 78213 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office held Office sought phone banks Date Payee name **Amount**

Purpose of payment (See instructions regarding type of information required.)

City; State; Zip Code

- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name

Office held

(\$)

Date Payee name **Amount** (\$) Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

Payee address;

-- Complete if direct expenditure to benefit C/OH --Candidate / Officeholder name Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 **POLITICAL EXPENDITURES** SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Ed Garza Date 5 Payee name 8 Amount Paloma Blanco Mexican Cuisine 1-7-01 6 Payee address; City; State; Zip Code 5148 Broadway, San Antonio, TX 78209 Purpose of expenditure (See instructions regarding type of information required.) Х Reimbursemer from political Dinner Announcement contributions intended -Date Payee name Amound (\$) 一 Payee address: City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Pavee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended Date Payee name Amount (\$) Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.) Reimbursement from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruc	TION GUIDE explains how to complete this form.	1 Total pages this	Schedule I:
2 FILER NAI	ME Ed Garza	3 ACCOUNT# (Et	hics Commission filers)
4 Date	5 Payee name	<u> </u>	8 Amount
1-8-01	Misty Lake Homeowners Assoc. Swim Team 6 Payee address; City; State; Zip Code P.O. Box 681207, SA, TX 78268		100.00
	7 Purpose of expenditure (See instructions regarding type of information	mation required.)	2
Date 1-9-01	Payee name Holy Family Senior Citizen Special Events Payee address; City; State; Zip Code 152 Florencia, SA, TX 78228		Amount 74 (6) 100.00 77 57 57 57 57 57 57 57 57 57 57 57 57
	Purpose of expenditure (See instructions regarding type of infor	mation required.)	11:01 11:01
Date 1-17-01	Payee name Society of St. Vincent De Paul Payee address; City; State; Zip Code 928 W. Commerce ST., SA, TX 78207 Purpose of expenditure (See instructions regarding type of information)		Amount (\$) 145.00
	Donation		
Date 2-7-01	Payee name Roosevelt Park Neighborhood Association Payee address; City; State; Zip Code 459 E. Mitchell, SA, TX 78210 Purpose of expenditure (See instructions regarding type of information)		Amount (\$) 100.00
4-4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Donation		and the same of th
Date 2-7-01	Payee name Basilica of the National Shrine of the Little F Payee address; City; State; Zip Code 906 Kentucky, SA, TX 78201-6097	lower	Amount (\$) 100.00
	Purpose of expenditure (See instructions regarding type of information	mation required.)	

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Revised 11/13/1999

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruc	TION GUIDE explains how to complete this form.	1 Total pages this	Schedule I: 3
2 FILER NA	ME Ed Garza	3 ACCOUNT# (Ett	hics Commission filers)
Date 2-8-01 Date 2-18-01	5 Payee name Christ In Us Ministries 6 Payee address; City; State; Zip Code 672 Gilette, SA, TX 78221 7 Purpose of expenditure (See instructions regarding type of information re Sponsorship Payee name Office of Youth Ministry Payee address; City; State; Zip Code 2718 Woodlawn Ave., P. O. Box 28036, SA, TX 78228 Purpose of expenditure (See instructions regarding type of information re Sponsorship		Arrount (\$) 100.00 Arrount (\$) 125.00
Date 2-27-01	Payee name . Connie Rodriguez Payee address; City; State; Zip Code 2507 Steves, SA, TX 78210 Purpose of expenditure (See instructions regarding type of information re	quired.)	Amount (\$) 30.00
Date 2-28-01	Payee name St. Lukes Mens Club Payee address; City: State: Zip Code 115 E. Travis, Ste. 539, SA, TX 78205 Purpose of expenditure (See instructions regarding type of information red Donation	quired.)	Amount (\$) 100.00
Date 3-6-01	Payee name Childrens Shelter of San Antonio Payee address: City; State; Zip Code 2219 Babcock Rd., SA, TX 78229 Purpose of expenditure (See instructions regarding type of information recommendation	quired.)	Amount (\$) 950.00

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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The Instruct	пом Guide explains how to complete this form.	1 Total pages this Schedule I:
2 FILER NAM	ME Ed Garza	3 ACCOUNT # (Ethics Commission filers)
4 Date	5 Payee name	8 Amount (\$)
3-21-01	Christ The King Nutritional Center 6 Payee address; City; State; Zip Code 2610 Perez St., SA, TX 78207	50.00
	7 Purpose of expenditure (See instructions regarding type of inform Donation	nation required.)
Date Payee name 3-23-01 Davis-Scott YMCA Payee address; City: State; Zip Code 1213 Iowa, SA, TX 78203		Amount (\$) 250.00
	Purpose of expenditure (See instructions regarding type of inform Donation	nation required.)
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)
Date	Payee name Payee address; City; State; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of inform	nation required.)

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